IDAHO WITS USER AGREEMENT

Substance Use Disorders Program

I, _____ *(user name)*, employed by _____ ____
(agency name), understand that all information on the Idaho WITS database is confidential and I agree not to disclose any information regarding persons who have applied for, have received or who are receiving substance use disorders services to any unauthorized persons.

I understand that I may only use the information in the performance of activities of the Idaho WITS system for which I have been authorized. I understand that use or disclosure of any information concerning a recipient of assistance or service for any purpose other than the activities of Idaho WITS is prohibited except on written consent of the recipient.

I understand that I may only use the Idaho WITS site for those specific functions for which I am authorized. I understand that I will only be given access to information for which I have a legitimate need to know to complete my job functions.

I understand that my Idaho WITS Password and PIN are confidential and must be protected from unauthorized access. They are to be used only by me and I am prohibited from sharing my individual security information. Therefore, I agree to (a) limit unauthorized physical access to computer systems, displays, networks and health-care records; (b) position monitors and keyboards so they are not easily seen by anyone other than myself; (c) where appropriate, program workstations to display password protected screen savers if left idle for a specified period of time.

I understand that Help Desk service for Idaho WITS will be provided through the Idaho Department of Health and Welfare as a free service for users. I acknowledge and accept that Help Desk service is provided without representation or warranty of any kind, and as such no liability will be taken for advice and assistance given to me where I or my representatives deem that advice to be inappropriate or incorrect. I am welcome to use the Idaho WITS Help Desk to help resolve WITS issues; however the Department and WITS Help Desk accepts no responsibility for any loss that may be suffered by any user who relies totally or partially on information imparted by the Idaho WITS Help Desk to make the service workable in the providers' environment. The Department and WITS Help Desk will not be liable to you or any other persons or entity with respect to any liability, loss or damage caused or alleged to be caused either directly or indirectly by WITS or the WITS Help Desk. The Department reserves the right to protect our Help Desk staff from any form of abuse by withdrawing the Help Desk service from the customer at any time deemed fit by Department management.

By signing below, I am indicating that I have read this entire nondisclosure agreement and agree to abide by it. I also understand that any violation of this agreement may result in the revocation of my access to Idaho WITS. Furthermore, I understand that criminal prosecution may be undertaken if I knowingly and intentionally disclose the information to anyone who is unauthorized, or use the data for fraudulent purposes.

_____

Print Name

_____   _____

Signature   Date

**Submit the completed form(s) to the WITS Help Desk
via Support Ticket in WITS or fax to 208-332-7305.**

04/04/14